

**Kittitas County Health Department  
Client Survey**

The staff and administration of the Kittitas County Health Department would appreciate your taking a few minutes to complete this evaluation and return it to our office. We are very interested in your comments on how we do our job, especially if you can offer suggestions for improvement. Thank you.

Please provide the following information:

1. Gender:     \_\_\_ male \_\_\_ female

2. Age:         \_\_\_ under 18     \_\_\_ 18 – 25     \_\_\_ 26 – 35     \_\_\_ 36 – 50     \_\_\_ over 50

3. My recent contact with the Kittitas County Health Department resulted from:

a. \_\_\_ I heard about the services and contacted the Department.                      b. \_\_\_ I was referred from another agency/person.

c. \_\_\_ I needed a permit to satisfy state codes.    d. \_\_\_ I had a complaint.

e. \_\_\_ Other; please explain \_\_\_\_\_

4. How many times did you need to speak to Health Department staff to get what you needed?

\_\_\_ 1 time                      \_\_\_ 2 – 5 times                      \_\_\_ more than 5 times

Based on your interaction with Health Department staff, please rate your level of satisfaction with our service in the following areas:

1 = poor              2 = fair              3 = good              4 = excellent              n/a = cannot rate

	1	2	3	4	n/a
5. Friendliness and courtesy of the staff.					
6. Ability of staff to put me at ease.					
7. Timeliness of service.					
8. Staff demonstrated understanding of my situation.					
9. Staff knowledge.					
10. Accurate and useful information made available to me.					
11. Options and alternatives were offered when possible.					
12. Staff professionalism.					
13. Reliability of services. (I received what was promised by HD staff).					
14. Consistency in application of rules, regulations and/or policies.					
15. Courtesy of the reception staff.					
16. The reception staff treated me with respect.					
17. My overall level of satisfaction with the Kittitas County Health Department.					

18. The phone system for the Department makes it easy to call the Health Department.     \_\_\_ Yes     \_\_\_ No

Comments \_\_\_\_\_

19. Do you have suggestions about how we might improve our services?

\_\_\_\_\_

20. Other comments? \_\_\_\_\_.

Thank you for your time!

